

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>8/19/05</u>		2 Serial/Patent # <u>10/0321645</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
	Filing			\$							
	Amendment			\$							
	Extension of Time			\$							
	Notice of Appeal/Appeal			\$							
<input checked="" type="checkbox"/>	Petition			\$ <u>400</u>							
	Issue			\$							
	Cert of Correction/Terminal Disc.			\$							
	Maintenance			\$							
	Assignment			\$							
	Other			\$							
7 TOTAL AMOUNT OF REFUND			\$ <u>400</u>								
8 TO BE REFUNDED BY:											
10 REASON:		Treasury Check									
	Overpayment	<input checked="" type="checkbox"/> Credit Deposit A/C #:									
	Duplicate Payment	9 <table border="1" style="display: inline-table; text-align: center; width: 150px;"><tr><td>5</td><td>0</td><td>--</td><td>2</td><td>3</td><td>7</td><td>5</td></tr></table>			5	0	--	2	3	7	5
5	0	--	2	3	7	5					
<input checked="" type="checkbox"/>	No Fee Due (Explanation): <u>Patron Requested</u>										
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>CHARLENE GENT</u>		TITLE: <u>adv</u>									
SIGNATURE: <u>C. Gent</u>		PHONE: <u>X-3215</u>									
OFFICE: <u>Patron</u>											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: <u>[Signature]</u>		DATE: <u>8/19/05</u>									

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*